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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Attorney Docket Number IPT-101										
In re Application of Edwards et al.												
Application Serial No. 10/806,062												
Filed: March 22, 2004												
Group Art Unit: 1653		Examiner: Noakes, S.M.										
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above entitled application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired)</p> <table><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$</td></tr><tr><td><input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$ 2160.00</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status under 37 CFR 1.27, therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$__.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge the required fee to Deposit Account No. 07-1700. Enclosed is a duplicate of this sheet.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 07-1700.</p> <p><input checked="" type="checkbox"/> Return receipt postcard enclosed.</p> <p>I am the <input type="checkbox"/> assignee of record of the entire interest. <input type="checkbox"/> applicant. <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. ____</p>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$	<input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ 2160.00
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<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$											
<input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ 2160.00											
CORRESPONDENCE ADDRESS		SIGNATURE BLOCK										
Direct all correspondence to: Patent Administrator Goodwin Procter LLP Exchange Place Boston, MA 02109 Tel. No.: (617) 570-1000 Fax No.: (617) 523-1231 Customer No. 051414		Respectfully submitted, Theresa C. Kavanaugh Attorney for Applicants Goodwin Procter LLP Exchange Place Boston, MA 02109 Customer No. 051414										

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